

**PLEASE USE THIS FORM WHEN PAYING BY CREDIT CARD. MAKE SURE THE INFORMATION IS CURRENT AND CORRECT. CARDS THAT ARE DENIED WILL BE SUBJECT TO PENALTY.** Card numbers are destroyed after each transaction is complete. We **DO NOT** keep them on file.

To pay by check, Make payable to <b>REGION 4 AHA</b> . To make payment by Credit Card fill in below and e-mail to "horseshownumber@gmail.com" A 3% Credit Card Transaction (minimum \$5) will be added to your entry blank total.													
<b>Credit Card Number</b> – <i>please print legibly. Declined cards are subject to penalty</i>													
<input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> DISCOVER								Expiration Date xx/xxxx			Sec Code:		
Print Name (as it appears on card)											Phone		
Address											Amount:		
City, ST. Zip											3% Convenience Fee (\$5 min)		
E-Mail											<b>TOTAL CHARGE:</b>		
Cardholder Signature											Office use:		

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